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Pinel's *Nosographie* & the Status of Psychiatry*

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In her (1977) study of Philippe Pinel's *Traité médico-philosophique sur l'aliénation mentale ou la manie* (1800) Gladys Swain draws attention to the fact that the classification of mental illnesses he presents there is inconsistent with that found in his *Nosographie*. Pinel's *Nosographie philosophique, ou la méthode de l'analyse appliquée à la médecine*, it is true, was first published in 1798, two years before the book on madness. The discrepancy between the two classifications therefore could perhaps be considered as the normal consequence of the advancement of research. Yet, as Swain reminds us (1977; 60–61), the *Nosographie* wants to be a complete systematic classification of ailments and the real difficulty lies in that Pinel, in the later editions of the *Nosographie*, never tried to accommodate his classification to the discovery of mental illness, though the revised edition of 1802–03 did not fail to take into account other recent findings, such as results of Bichat's (1800) physiological research.

This fact, according to Swain, is of great historical importance. It indicates that the ambiguous epistemological status of psychiatry dates from its inception through Pinel's work. By allowing the classification of mental illness among other diseases to remain pretty much as it was before the publication of the *Traité* the French doctor suggests his inability to articulate his discovery of madness to the general catalogue of sicknesses. By offering different divisions in his book on madness, he intimates that insanity constitutes a category of its own, not to be confused with other forms of morbidity nor subject to the same therapy. But his unwillingness to withdraw mental alienation from his general classification implies that, though different, madness nonetheless remains inseparable from other diseases. For Swain, Pinel's

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hesitation can still be felt in the present status of psychiatry. On one hand, it is a branch of medicine, like nephrology or cardiology, but, on the other hand, unlike these sub-disciplines which constitute divisions of a general domain, psychiatry forms a discipline in its own right with its proper field of inquiry, the human psyche. Pinel's failure to modify his classification would point then to the uniqueness of mental alienation (1977; 60–61).

My goal in the remainder of this paper is to try to understand this classificatory anomaly from an historical point of view. Not that epistemological considerations will be absent from my inquiry, but rather than seeing Pinel's indecision as signifying the uncertain position of psychiatry among domains of knowledge, I am interested in understanding in what way mental alienation was perceived as distinctive in an era where diseases were conceived of in an altogether different way from today. No matter how well founded may be Swain's assertion concerning the contemporary epistemological status of psychiatry, it is far from clear that Pinel had any idea of the psychic dimension of the human mind or that his conception of the "economy of nature" had any place where it could fit in¹. From our materialist point of view, a lesion of one or many faculties of understanding unaccompanied by any damage to the brain seems properly a mystery. Whether this indicates that our knowledge of the brain is seriously incomplete or that psychic life has laws of its own relatively independent of neurophysiology, it is the existence of such lesions, first pointed out by Pinel, which justifies a psychiatric therapy based on meaning and directed towards the mind rather than limited to drugs and surgery. Swain (1977) and Gauchet & Swain (1980) rightly see in Pinel (1800) and Esquirol (1805) the original founders of this therapy and remind us that both tried to justify recourse to "le traitement moral" (moral treatment) by reference to this absence of physical injury to the organ of understanding. Yet from the point of view of Pinel's *Nosographie* the existence of lesions of certain faculties, whether intellectual or physiological, independent of any organic injury or damage is nothing very surprising. At least it does not seem like something which would justify the existence of an independent discipline, for limited to the domain of physiology, this impairment of function without organic injury is more or less the distinctive trait of fevers, the first of Pinel's six major classes of diseases. Furthermore, reading the *Nosographie* reveals that moral treatment (le traitement moral) or something which resembles it

¹ Of course this could be the very reason why Pinel failed to articulate his discovery of madness to his general classification of illnesses.

very much (the term itself is rarely used in the *Nosographie*) is not reserved to mental alienation but is present in just about every branch of medicine. Therefore the question arises, what is it that makes mental illness so special? Or did Pinel simply refrain from modifying his classification because he was not aware of any difficulty, because he did not see in the *Traité* what modern interpreters have been so eager to read there, the birth of a new discipline and the discovery of a new domain of inquiry?

1. Classification of mental alienation in the *Traité médico-philosophique*

Pinel's interest in madness, as we know, was already nearly twenty years old when the *Traité* first came out in 1800. Not surprisingly then, that book is made up to a large extent of more ancient texts which had been previously submitted as "Mémoires" to the *Société médicale d'émulation de Paris*². The *Traité* therefore contains materials which were collected and interpreted at different periods and a certain tension in the definition of madness results from this. Swain (1977) notes that this tension is already present in the complete title of Pinel's book, which is *Traité médico-philosophique sur l'aliénation mentale ou la manie*. Here, mania (la manie) appears as a synonym of mental alienation in general, but in the body of the text, in the first section of the book, mania (la manie intermittente) appears as one form of alienation among others, and in section IV, dedicated to the classification of the various types of insanity, mania is divided into two distinct species of alienation among the five which Pinel recognizes³. None of these, needless to say, corresponds precisely to the mania (la manie intermittente) which constitutes the topic of section I⁴. This discordance in the meaning of the central term "mania", I believe, does not so much reveal inconsistencies as

² To be precise, three "Mémoires" respectively submitted in 1797, 1798, & 1799. On this see Swain (1977) especially pages 60 to 85.

³ Pinel (1800), Section IV "Division de l'aliénation mentale en espèces distinctes", pages 135 to 176.

⁴ "Manie intermittente" which constitutes the topic of Section I does not strictly correspond to any of the two species of mania catalogued in Section IV because the basis of the division of mania in separate species in that latter section is the presence or absence of delirium, while in Section I the principle of identification of the form of madness is the continuous/intermittent distinction. This distinction is present in section IV but only leads to the formation of varieties of one species of madness, mania with delirium.

provide testimony of the evolution of Pinel's thought.

It is no accident that Pinel's 1797 "*Mémoire sur la manie périodique ou intermittente*" makes up, verbatim or just about, the first section of the *Traité*. For according to Pinel, "manie intermittente" intermittent mania or sporadic madness constitutes the paradigm of all mental alienation. The study of intermittent mania opens the treatise on insanity in general because more than any other mental illness it betrays the essence of alienation. As Gauchet & Swain (1980) extensively argued, what intermittent mania reveals is that madness is never complete, never total. During an access of mania the subject always retains a part of sanity and a certain distance from his dementia. They propose it is that distance, the incompleteness of insanity, which licenses moral treatment and suggests that madness is not incurable⁵. This discovery constitutes the heart of the *Traité* and the classification of insanity found in section IV is only the catalogue of the various forms possible in this bizarre relationship of the subject to himself.

Section IV of the *Traité*, *Division de l'aliénation mentale en espèces distinctes*, recognizes five different species of madness: melancholia or delirium exclusively limited to one object, mania without delirium, mania with delirium, dementia or abolition of thought, idiocy or eradication of intellectual and affective faculties. The first characteristic of this classification is that it is dynamic. Though each form of insanity constitutes an independent species of madness, and apparently a different disease, melancholia if it is not treated in time, or worst badly treated, which according to Pinel it commonly was in most hospitals at the time, can lead to mania, mania to dementia and dementia to idiocy. This evolution is not necessary and patients sometimes remain afflicted all their lives with the same form of madness. The different species of insanity, according to Pinel, then both constitute distinct ailments and gradations in the evolution of a (unique?) infirmity. Furthermore, this dynamic classification unfolds in time, that is in the dimension of chronicity, the typical evolution of intermittent mania described in Section I, which progressively leads to an ever more complete disorganization of all mental faculties. The discrepancies in vocabulary should not hide the unity of the underlying intuition, to the contrary they secretly vouch in its favor. Pinel sees all types of madness as related in a way which is revealed in the normal evolution of the disease from its most benign to its most extreme forms.

The second characteristic of this dynamic classification is that it has

⁵ For qualifications of this thesis see Dumouchel (1993).

two independent points of entry: melancholia and mania without delirium. Melancholia, which is a form of delirium, will lead to mania with delirium and from there to dementia and idiocy while mania without delirium will evolve directly into dementia and idiocy. Once again this suggests that the classification of ailments as mental illness gives more importance to the typical evolution of the disease than to the presence or absence of any particular symptom, for example delirium. The third characteristic of this classification is the ambiguous status of the category of idiocy. Under that term, Pinel comprises all instances of a condition which may result from two entirely different etiologies. In some cases, idiocy is the end point of insanity, the most extreme form of madness which leads to death unless, as it sometimes does, it preludes a crisis conducive to a complete cure. In these cases idiocy is, like other forms of madness, a lesion of intellectual faculties independent of all organic injury and where, as the possible recovery indicates, the patient retains a certain distance from his alienation. In other instances idiocy is congenital. It is incurable and usually accompanied by malformation of the brain. Thus, in the absence of the etiology of the ailment or the results of autopsy, the symptoms of the ultimate stage of madness does not allow it to be distinguished from a physiological malformation. Idiocy is a bridge between psychic handicap and physical defect. Yet this bridge is a mystery. Why is the last stage of a purely intellectual disorder analogous to the signs of a corporal infirmity?

2. Classification of mental illness in the *Nosographie*⁶

The most general term found in the *Traité* to designate mental illness is "vésanie", insanity. The word occurs in the *Nosographie* as the name of the first order⁷ of the fourth class of diseases, neuroses. This last term is used by Pinel in its ancient meaning of ailments of the nerves, a category which contains, according to him, disorders as different from each other as epilepsy, deafness, sleepwalking, mania, tetanus, rabies, asphyxia

⁶ I have used the revised edition published in 1802 for the first volume and 1803 for the last two.

⁷ Pinel uses the term "ordre", order to designate the third taxonomic level in the classification of diseases instead of "famille", family which would be normal today. According to the *Petit Robert* a family "famille" regroups many genus who share common characteristic. I have respected Pinel's terminology.

and painter's dyspepsia⁸. The class of neuroses is made up of three orders, 16 genus and 50 species of diseases. The first order, insanity, includes five genus, hypochondriasis, melancholia, mania, sleepwalking, hydrophobia or rabies for a total of 11 different species of diseases. The five species of mental illness found in the *Traité* correspond to the four species listed in the family of mania, mania without delirium, mania with delirium, dementia and idiocy, plus melancholia, which in the *Traité* constitutes one species of insanity while in the *Nosographie* it forms a genus made up of two species, delirium on a single object and melancholia with suicidal tendency⁹. Thus, of the 11 species of mental illnesses listed in the *Nosographie* only six, reduced to five by the contraction of two species into one, constitute insanity following the *Traité*, and of the five genus of mental disorders catalogued in the *Nosographie* the *Traité* keeps only two, conflated into one, mental alienation or mania.

To some extent this discrepancy between the two books is readily understandable. The *Nosographie* is a manual aimed at general practitioners. Its goal is to assist them in the classification and treatment of every kind of sickness they may encounter in the practice of medicine. It is therefore not surprising that its enumeration of ailments should be as exhaustive as possible. To the contrary, the *Traité* labors for a much more specific goal : the reform of asylums and of the therapy delivered there. Its potential public are holders of political office and doctors in charge of institutions where the insane are confined. Mental hospitals are unlikely places for the treatment of either sleepwalking or rabies. The first one because it is an ailment which is too benign to necessitate the reclusion of the patient, the second one because hydrophobia is a rapidly fatal disease. Sad to say, its victims usually die before they can be locked up. The discrepancies between the classifications then would be due to the different publics and goals aimed at by the two treatises. Hypochondriasis in the *Traité* appears only as a symptom, one of the first signs of certain forms of madness like mania or melancholia, for in an asylum this is how the doctor is most likely to encounter it, as an accom-

⁸ See Pinel (1802-03) volume III, "Tableau synoptique des névroses, des maladies lymphatiques et des indéterminées." Pinel tells us in the introduction to the *Nosographie* that in view of this diversity, the classification of neuroses must retain a certain arbitrariness (1802-03; I, xlij-xliv).

⁹ The *Traité* recognizes three varieties of melancholia, depressive melancholia, where the subject is fearful, dejected and diffident, vain-glorious melancholia, where the subject is deluded in seeing himself as the Pope, the King, God, and finally melancholia conducive to suicide (1800; 137-149).

panying sign or as part of the etiology of the disease. To the contrary the general practitioner will have to deal with it as a disorder in its own right and that is why, in the *Nosographie*, it constitutes a species of illness.

This is certainly part of the explanation, but it cannot be all of it. That the *Traité* is destined for practitioners of a specialty explains why it does not need to take into account all the varieties of ailments found in the *Nosographie*, but it does not explain why the two classifications should be inconsistent. But are they inconsistent, and to what extent? It seems, first of all, that the *Traité* should have classified hypochondriasis among other forms of mental illness or at least that later editions of the *Nosographie* should have shown its close relation to both melancholia and mania. For hypochondriasis, according to Pinel, sometimes leads to mania or melancholia and is therefore part of the same dynamic network of mental alienation. Furthermore, hypochondriasis is certainly a form of intellectual disorder where the subject retains some distance from his obsession and therefore is clearly consistent with what is seen as the essence of mental disease in the *Traité*. Finally, the *Nosographie* distinguishes two forms of hypochondriasis, one with and the other one without organic lesion. In consequence mental disorders are now bounded at both end of their evolution by a condition which is essentially either physical or psychological, hypochondriasis at the beginning, idiocy at the end. It seems that Pinel should have taken advantage of these facts to add strength and plausibility to his hypothesis. Yet, failing to exploit new data in order to make one's thesis more convincing is hardly inconsistency. What is more troubling is why Pinel did not keep the same division in genus and species. As if this was a matter of little importance! Is it indifferent that melancholia should be seen as a single species of diseases or as a genus of mental illnesses?

The two last genus of insanity in the *Nosographie*, sleepwalking and rabies, raise an even more delicate problem. Neither of them can be placed in the dynamic classification of alienation, and they do not conform to the essence of madness according to the *Traité*. Hydrophobics do not retain any distance from their rage. Their condition does not turn into any other form of madness, but conducts to death only; moreover it never occurs as a result of a previous species of lunacy. As for sleepwalking, its relationship to other ailments in the order of insanity is certainly obscure. It may be considered as a type of intellectual disorder in a sense, but is it a form of mental disease or alienation? What then are these two disorders doing here among the general category of insanity? That is a problem to which we will turn shortly,

but first, one last point needs to be mentioned concerning the *Nosographie*'s dealing with mental disorders.

Throughout its three volume, Pinel's *Nosographie* conforms to a similar general arrangement of materials. After a broad introduction concerning a preliminary class of diseases and some justification of the main divisions in that class, we turn to case histories of sicknesses belonging to the first order in the class. Once all different species of illness in each genus contained in the order have been illustrated Pinel gives short summaries of the distinctive traits of every species, genus and finally the order itself. We then pass to the other orders in the class until all have been reviewed in a similar fashion. In the end we come to a new class of diseases where the same method is followed.

The section on insanity which constitutes the first order in the class of neuroses occupies pages 12 to 80 of the third volume of the *Nosographie*. Of these 69 pages 21 are reproduced unchanged from the first section of the *Traité*, where they constitute pages 16 to 37, unless, of course, they were directly taken from the 1797 "Mémoire" which was later included in that book. Those borrowed pages correspond more precisely to seven of the nine paragraphs containing case histories belonging to the third genus of insanity, mania. The "Mémoire"'s topic as we know is intermittent mania, the paradigm case of insanity, and does not contain the distinction between the different forms of mania. As a result of this, the four species of mania listed in the *Nosographie* do not have any case studies corresponding to them, contrary to all other diseases in the three volume¹⁰. This anomaly, it should be noted, is consistent with Pinel's redaction of the *Traité* and one could claim that, in his incoherence he is at least regular. Nonetheless, as we will soon see, from the point of view of the *Nosographie* this is clearly unacceptable for genus, orders, classes do not exist, only species do, and, according to Pinel's method, one should always start from case histories to identify species of ailments and from these only abstract generic traits of genus and other higher taxonomic levels which uniquely serve mnemonic purposes. But in this case, Pinel gives case histories which correspond to mania in general, something which the methodological parts of the *Nosographie* explicitly forbid (1802; I, xiiij).

¹⁰ Unfortunately, during my stay in Japan I have been unable to consult the original 1798 edition of the *Nosographie* and I do not know if this anomaly is already present in the first edition.

3. Method of classification in the *Nosographie*

Pinel's treatise on the classification of diseases is replete with praise for the method now used in other branches of natural history. Yet this method, though highly approved, is never clearly stated, nor is it apparently understood by the French doctor. Pinel repeats over and over again that medicine is a part of natural history and that he is now extending to the nomenclature of illness the taxonomic progress made in other parts of that field. But this distant laudation constitutes pretty much the extent of the influence of naturalists upon his enterprise¹¹. His real method clearly owes more to Condillac than to Buffon or Linnaeus. But even in that case, Pinel has borrowed a general idea rather than of anything we would call a method.

As the complete title of the *Nosographie* indicates, it constitutes an attempt to apply to medicine the method of analysis put forward by Condillac¹². What is Condillac's analysis from Pinel's point of view? This is how he puts it through the help of a quotation from Condillac in the introduction to the *Nosographie*:

To analyze, says Condillac, is nothing but to observe the qualities of an object in successive order, in order to provide our mind with the simultaneous order in which they exist... Yet what is that order? Nature herself indicates it; it is that in which she offers the objects: there are some which draw our attention more particularly; they are more striking; they dominate, and all others seem to arrange themselves around them, through them (1802; I, xiiij-xiv)¹³.

What Pinel takes from Condillac it seems is only the injunction to observe plus the very naive belief that nature herself will clearly distinguish what is more important from what is irrelevant. Yet if this does not lead only to the most platitudinous empiricism which jumbles together without any apparent order unconnected bits of information, it is because nature, in this case as in many others, simply means what everybody else believes. Pinel

¹¹ But see later on pages 11, 12 & 14.

¹² *Nosographie philosophique, ou la méthode de l'analyse appliquée à la médecine* first published in 1798, second edition in 3 volumes (1802-03).

¹³ My translation. The original text reads: "Analyser, dit Condillac, n'est autre chose que d'observer dans un ordre successif les qualités d'un objet, afin de leur donner dans l'esprit l'ordre simultané dans lequel elles existent... Or, quel est cet ordre? La nature l'indique elle-même; c'est celui dans lequel elle offre les objets : il y en a qui appellent plus particulièrement les regards; ils sont plus frappant; ils dominent, et tous les autres semblent s'arranger autour d'eux et par eux."

takes from his predecessors, from medical tradition, the major divisions of illnesses, the names of diseases and even case histories. Here he does not explore an uncharted land, as he largely will do in the case of insanity, but receives a world already structured and organized in its central categories. When he does innovate, as we will now see, he is not entirely unfaithful to the principle of analysis stated earlier.

Pinel's most important debt to medical tradition is due to the Hippocratic school. From there he has taken his fundamental ideas concerning the nature of disease, his conception of "expectant medicine", even his ideal of observation. In conformity with the Hippocratic tradition Pinel considers that diseases are characterized by the fact that the symptoms unfold through time. Each ailment according to him has its periodicity, its characteristic evolution and cannot be cured at just any point or time in its development. To a large extent this is because many, if not most, diseases are healthy reactions to some excess or extravagance. They are the way through which the body tends to return to its normal state of health. That is why active medicine, intervention in the course of the illness, is so dangerous. That is also why the doctor should generally limit himself to helping nature, when it is necessary, and not attempt to change or to break the course of an illness.

In view of this, one is surprised to see Pinel, in his section on fevers, criticize his predecessors for having given too much importance to the interval at which the accesses or bouts return in certain fevers as a clue to their classification (1802-03; I, 8-9). Contrary to this says Pinel, and in spite of the fact of their different periodicity, certain fevers should be classified together because they clearly affect the same organic function¹⁴. Such an innovation, I believe, is in agreement with the precepts of analysis. For though the course of an illness is important in relation to its therapy, it does not in itself yield the essence of the disease. Analysis consists in observing in *successive* order the qualities of an object in view of forming an idea of the *simultaneous* order in which these qualities exist. This idea forms the essence of the ailment and defines its species.

Pinel, notwithstanding his repeated petitions to the god of observation, is an impenitent essentialist. One should proceed, he tells us in the introduction, in the following way:

¹⁴ In fact one of the characteristics of Pinel's *Nosographie* and a sign that it belongs to the modern world of physiology laid open by the research of Bichat, is that it attempts to group diseases in relation to organic function (nervous, lymphatic or digestive system) instead of simply in relation to bodily location (head, belly, skin).

"After numerous observations of the same nature have been assembled one abstracts the particular affections which depend on the age, the constitution or other individual circumstances; one retains only certain symptoms which are common to them, and proper to indicating their true character and to helping in the recognition of similar diseases in the exercise of medicine.... That is how I form *species*, a complex idea which unites by abstraction the characteristic traits of an illness, taken either from its occasional causes or from the affections which are proper to it" (1802; I, xviii)¹⁵.

Though Pinel will assert a few pages down that abstract ideas do not have any reality of their own it is clear that species of diseases, and not only particular cases of illness, exist. There are two general reasons which indicate this in spite of the ambiguity of Pinel's text and the fact that most probably he was not aware of the issue. The first is that species are not arrived at in the same way as higher taxonomic levels. In both cases the term "abstraction" is used, but the operation is distinct. Genus are constructed on the basis of the characters common to various species, orders on the basis of characters common to many genus, and classes on the basis of characters common to many orders. In all these cases the operation is one of simple generalization¹⁶. Species, it is true, only retain certain symptoms which are common to many case histories, but that comes after the operation of "abstraction" which consists in eliminating all that is dependant on the age of the patient, the particular characteristics of the place or any affections which do not belong to the "true character" of the disease. Species are not formed by an operation of generalization but by elimination of what is accidental. Like all species according to the natural history of the time, particular species of diseases have an essence. They have characteristic traits of their own which

¹⁵ My translation. The original text reads: "Plusieurs affections de la même nature étant ainsi rapprochées, on fait abstraction des affections particulières qui tiennent à l'âge, à la constitution ou à d'autres circonstances individuelles; on ne conserve que certains symptômes qui leur sont communs, et qui sont propres à indiquer leur vrai caractère et à faire reconnaître des maladies semblables dans l'exercice de la médecine... C'est ainsi que je forme l'*espèce*, idée complexe qui réunit par abstraction les caractéristique d'une maladie, pris soit de la nature des causes excitantes, soit des affections qui lui sont propres."

¹⁶ In fact it is not quite simple, as we will see later on. Pinel's major division into six distinct classes, and to some extent even the partitioning of these into orders, proceeds from two theoretical principles: the distinction between acute and chronic diseases and the colligation of ailments affecting the same bodily function. Nonetheless within each higher taxonomic level, subdivisions, to a large extent, are contrived simply by aggregating units which share common characteristics.

should always be present, and in the same order, unless particular local and individual circumstances disrupt their appearance and expression. Pinel, like Linnaeus and Haller but unlike Buffon, is an advocate of the fixity of species, at least as far as diseases go. The second reason which suggests that species of disease exist, and are not simply mnemonic tools devised to help the correct identification of ailments, is that different species of diseases, belonging either to the same or to different classes, can be joined together to form complex diseases. The main advantage of analysis, according to Pinel, is to allow one to build the classification from the real elements of illness, simple primitive affections. He reproaches his predecessors of always beginning with "diseases considered in their diverse complications" (1802; I, xij). Species, the lowest taxonomic level in Pinel's nomenclature catalogues elements of morbidity, illnesses in their pure and essential forms. Case histories and observations often present complex diseases, ailments which result from the union of many such elements. These unions form particular diseases, which Pinel sometimes classifies under the heading complex species, and they are not cases of an individual afflicted with two infirmities. To some extent, the classification of diseases according to the *Nosographie* is like a chemical classification. Species of diseases are the building blocks of different instances of maladies reported in case histories, just like chemical elements are building blocks from which metals or minerals are made up. Species exist because their union gives rise to real illnesses, the familiar stuff of case histories, while the union of two higher taxonomic levels is simply a classificatory inconsistency, not a real object. As a result, the status of observation in Pinel's text is much more uncertain than it should be, given his repeated exhortation to follow without any partiality the "narrow path of observation" (1802; I, 5). Case histories, he tells us, should be judiciously chosen by an experienced doctor in order to show students ailments in only their most simple and pure forms. Otherwise aspiring doctors will be confused and facts will appear contrary to the luminous order of the *Nosographie*.

4. Real and abstract classifications

It is perhaps now possible to better analyze the difference between the classification of insanity in the *Traité* and in the *Nosographie philosophique*. The dynamic classification of insanity shows that various modes of mental alienation are related in a way in which species of diseases, even belonging to the same genus, usually are not. Melancholia, mania with or without delir-

ium, dementia and idiocy are not elements of madness which can be combined to yield different forms of mental disorders. Rather they can pass into each other and share certain elements in common, once characteristics dependant on individual or local circumstances have been removed. The progression from melancholia to mania, dementia and finally idiocy, resembles more the ideal unfolding of a unique ailment in its pure form according to Hippocratic tradition, than to the enumeration of the members of an abstract class. This impression is reinforced when one remembers that what constitutes Pinel's empirical basis for this classification is the study of a unique form of madness, "manie intermittente", which in its own evolution rehearses with less intensity the dynamic unfolding of insanity. In spite of his use of the term "species" to designate the five major modes of mental illness, all indicates that in the *Traité* Pinel considers insanity as one disease only, but a disease which can take many forms. The operation which presides over the classification of mental alienation in the *Traité* is the elimination of what is accidental in order to discover the essence of the disease. An essence which is always and everywhere identical to itself, though its expression is subject to the contingencies of time, place and individual history. Section IV does not so much classify insanity into different species, as it amplifies the analyses of Section I.

To the contrary, in the *Nosographie* the extension of the fourth order, insanity, to include three new genus, hypochondriasis, sleepwalking and hydrophobia follows a simple principle of generalization. All diseases included there are characterized by disorders of mental faculties, generally without organic injury and clearly distinct from delirium due to fever. Why are the various modes and stages of alienation divided, following the *Traité*, into two genus and six species in 1803? I do not know. Is it because the first edition of the *Nosographie* already recognized mania and melancholia as different species? Why did Pinel hide his innovation? Why did he dissimulate the essence of madness in the haphazard collection of forms of insanity contained in the *Nosographie*? Is it because he was never clearly aware either of the discrepancy between the two classifications or of the consequences of his discovery? Perhaps. One thing nonetheless is certain, to have treated the modes of insanity as they were in the *Traité* would have been destructive to Pinel's complete classification of disease.

Pinel is fond of repeating that his *Nosographie* classifies diseases in a way which is not arbitrary. But to find the precise concept or principle of classification which constitutes the positive side of this lack of arbitrariness is

somewhat difficult. This leaves a rather large margin of interpretation when it comes to determine exactly how Pinel's classification is not arbitrary? Is it more "natural" or "logical" than other or is this absence of arbitrariness, according to him, something which can be achieved in itself without any necessary reference to some positive characteristic? The best candidate for a positive equivalent of "non-arbitrary" I could find in Pinel's text is pretty much "according to organic functions and structures" (1802; I, iv, xxviii, xxxij). That is in fact the basis of Pinel's claim to follow the method of naturalists¹⁷. It is also, according to him, because nerves interfere with all organic functions that the classification of neuroses must to some extent remain arbitrary (1802; I, xxxij). Now organic function or structures are not a characteristics of diseases in the way they are characteristics of organisms. That an ailment affects this or that function to some extent is a trait of the disorder in question, but the same disease, like cancer or tuberculosis, can attack different structures or functions, like lungs or bones¹⁸. The difference is that organisms are objects, physical realities of a shorter or longer duration, but self-sustaining, while diseases are events, something which happens to someone, and which cannot exist independently of the individual who constitutes its bearer or support. If Pinel can see the organic function affected as part of the disease, it is because, in conformity with the Hippocratic tradition, he considers the disease itself, at least most of the time, as a type of normal organic function. Pinel gives attention only to the occasional causes of diseases. For all ailments, according to him, in last analysis have the same efficient cause : a disequilibrium in the economy of life. The distinction between acute and chronic diseases sends back to that conception of illness. In the first case the disorder is to be understood as a type of crisis through which the organism tends to recover its normal state, while in the second case the body reveals itself unable to return to its equilibrium, but in both cases, the organism tends toward the same thing, health. If Pinel's classification of diseases by organic functions is not arbitrary it is because illness, in its most general sense, is nothing but the result of the function shared by all bodily

¹⁷ Interestingly enough this is pretty much the method of the next generation of naturalists rather than of those of the past. Division according to organic function is the principle which will be put forward in a few years by Cuvier, but it plays little role in the works of Buffon, Linnaeus or Haller with which Pinel seems to be familiar.

¹⁸ It would be false to believe that Pinel was unaware of that fact. He simply classified such affections as different species of diseases, though not always in the same family. See the "Tableau synoptique" at the end of the second edition (1802-03, III).

functions, the organism's homeostasis, its tendency to persist in its existence.

The classification of the *Nosographie* is not arbitrary, but neither is it real. All taxonomic levels above species do not exist. Orders, genus, classes are useful mnemonic instruments, not existing realities. As Pinel reminds us in the introduction, we should not confer reality upon fevers in general, it is only an abstract term which has merely a nominal existence (1802; I, xxij). In fact, there are times when Pinel suggests that even species do not exist, only the individual case histories do, "all the rest", says he, "is only there to help practice and memory, to establish a kind of connection among principles, and to facilitate their application at the patient's bedside" (1802; I, 12-13)¹⁹. In other words, the whole superstructure which rises above the firm ground of case histories only exists because of its utility. It does not carve nature at the joints but serves the needs of the practitioner. Thus, the classification provided in the *Nosographie* is not arbitrary, for it reflects the essential structure of living organisms, but it is not real because it is an arrangement in view of given purposes and other purposes would have yielded different divisions.

James Larson (1994) draws attention to the fact that Buffon is unique among naturalists of his time in that he proposes a realist classification of organisms. It is known that Buffon rejected Linnaeus taxonomy and was wary of systems of classification in general. What was wrong with them he thought was that such systems were abstract and tended to divide nature where it could not be separated. This was inevitable he argued when one started from a plurality of elements and simply tried to assemble them in view of their common traits. To the contrary, what was needed, he thought, was to reproduce in our classifications the real divisions among organisms which nature herself produced. This is precisely what his concept of species tried to do. "A species," he wrote in 1753, "is nothing more than a constant succession of like individuals who reproduce each other." According to him, the reality of a species consists in "the frequent repetition and uninterrupted succession of the same event."²⁰ Higher taxonomic levels, he suggested, should likewise reflect the real divisions of nature by being grounded in the process through

¹⁹ "tout le reste n'est que pour servir à la méthode, aider la mémoire, établir une sorte de connexion entre les principes, et en faciliter l'application au lit des malades." My translation, Paul Dumouchel. I translate "méthode" by "practice" because from the context it is clear that it cannot be the method of classification which Pinel has in mind, but the method of practicing medicine.

²⁰ Buffon quoted by James Larson (1994; 13-14).

which different organisms came to share similar traits. Such a classification is not nominal and all its categories correspond to real objects existing in nature, for it reflects the causal history which is responsible for the present appearance of the world.

Pinel's classification of insanity in the *Traité médico-philosophique sur l'aliénation mentale ou la manie* is real, I believe, in precisely that sense. What makes the various forms of mental alienation part of the same disease, what gives them their unity and separates them from all other disorders is that, like a biological species according to Buffon, they form a closed historical network. They lead properly to each other, in a certain specific order, and nowhere else. As Aristotle would have said "the same gives birth to the same". In psychiatry as in biology there may be deformities, monstrosities, or accidents due to local circumstances, nonetheless, in the entire domain of insanity carved out by the *Traité*, mental alienation in all its forms remains true to itself. That is what Pinel believed he had captured in its classification.

His *Nosographie* knows nothing of the sort. Similarity of traits within the affections of the same function is what presides over that categorization, not the historical process through which ailments form closed networks. As we have already seen, in the *Nosographie*, Pinel's understanding of Condillac's analysis even leads him to minimize the importance of the chronological aspect of symptoms in the classification of diseases. To some extent, it is possible that in the *Traité* Pinel remained more faithful to his Hippocratic heritage simply because he did not have to pay attention to organic function. As a consequence the order he established between the various forms of mental alienation gave them a unity which other diseases in his general classification did not have. We know that Pinel did not try to harmonize his two classifications of mental illness. We do not know why, but we now know attempting to do so would have entailed either transforming radically his *Nosographie* or allowing that mental illness is a disease of a nature altogether different from all other ailments, according to him.

5. Epistemological and skeptical epilogue

I believe that Pinel was, to a large extent, unaware of these difficulties. His was not the mind of a theoretician. But the question arises, at least within the compass of a realist epistemology : is the difference in the two types of classification indicative of a certain uniqueness of mental diseases or is it simply the result of an historical accident? Should we rest satisfied with the

idea that Pinel, when he was not engaged in a larger nosographical enterprise, simply reverted to the Hippocratic method of diagnosis and that the resulting classificatory anomaly is all there is to the claim of a singularity of mental disorders and perhaps the only basis for psychiatry's autonomy? Or should we think, to the contrary, that all objects cannot be fitted indifferently into every classification and therefore that Pinel's incompatible categorizations reveal mental alienation to be a type of disease radically distinct from all others?

The real difficulty with this alternative is that its two branches are not exclusive of each other. From our modern point of view the classification of diseases expounded in Pinel's *Nosographie* is arbitrary. It is arbitrary because division according to organic function is often independent of the causal histories responsible for the affections²¹. In the cases of those diseases whose causal history is independent of organic function, different classifications can be proposed. Some diseases, for example, can be grouped together because they result from the same pathogenic agent. Yet this classification again cannot be used for all forms of illness. Microbic or viral infections do not constitute all diseases, certain disorders are genetically caused, while others come from the normal wear and tear of the organism. Said in another way, diseases do not form a nomologically disciplined class of phenomena. It follows that any general classification of maladies, and not only Pinel's, will be arbitrary in the sense that it will not be a real classification reflecting the causal histories of the object classified. In consequence, any general classification of diseases will necessarily be inconsistent with the sub-classification of any group or class of ailments, if that sub-division constitutes a real categorization revealing the causal histories of the phenomena. Therefore, if we grant that the classification of mental disorders is a real classification rather than a purely nominal one, then its inconsistency with the general classification of diseases does not indicate that mental alienation is radically different from all other maladies. At least not in a way which allows one to distinguish on this basis mental illnesses from other sub-categories of diseases. If Pinel had proposed a real classification of any other class of illness, that subcategorization would have been just as inconsistent with his general division. In order for the inconsistency between the general arrangement of diseases and the grouping of mental illnesses to be indicative of singular status of the latter, the general arrangement would have to constitute a real classification,

²¹ But of course this is not always the case.

revealing the essential unity of all ailments. In that case, and in that case only, impossibility to be fit with in this category would reveal that we are dealing with an ontologically different type of phenomena. But this, as we have just seen, is impossible. Not because mental disorders do not form a special class of diseases, but because there cannot be any real general classification of maladies. It does not follow from the preceeding argument that mental illnesses do not form a particular form of diseases different from all other ailments, to the contrary, there are I believe, good reasons to think that they do. What it means is that the anomaly which exists between the classifications of mental disorders and of ailments in general does not constitute a sufficient a proof or indication of the special status of psychiatry.

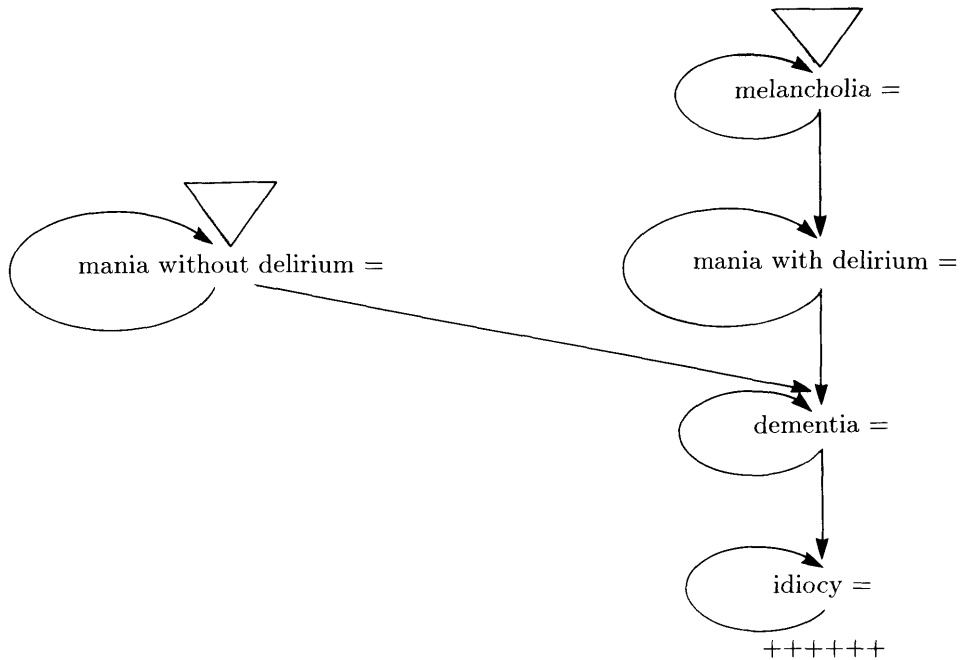
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Appendices

Pinel's two classifications

The classification of insanity in the *Traité médico-philosophique sur l'aliénation mentale ou la manie*, organizes different forms of mental illnesses in a closed historical or genealogical networks which has two entry points and only one end point. This network can be represented in the following way.



The inverted triangles indicate that melancholia and mania without delirium constitute the two only entry points of the network. The “++++” indicates that idiocy constitutes its unique end point. All species of madness are linked by full arrows which show the various directions in which one is allowed to move along this network, but they do not correspond to any intermediary space in which a patient may find him or herself, finally the “=” signs indicate the ever present possibility of being cured from the disease. A person is either maniac, melancholic, dement or idiot but is never in between any of these ailments. The intermediary space does not exist and full arrows simply indicate the direction of the evolution of the disease. Mental alienation can be seen as a form of game which is played on this network. Once one has entered the network, one has at every point indicated by the name of a disease three distinct possibilities: 1) stay put, shown by the circular arrows 2) exit through a crisis, shown by the “=” sign or 3) continue onto a more severe form

of mental alienation, indicated by the straight arrows. There are only two entry points to this network, only one end point and all motions through the network are constrained by certain rules. The network leads to no other diseases and no other diseases lead to it, at least in a regular or necessary way. It is in that sense that it is a closed network. Alternatively, this is an oriented graph if you prefer. Each form of madness constitutes a node in the graph. The nodes are linked to each other through certain pathways and the direction of circulation on these pathways is limited. Pinel's classification in the *Traité* constitutes a closed historical network or an oriented graph.

The classification of insanity found in Pinel's *Nosographie philosophique* follows his general division of diseases and as such obeys entirely different taxonomic principles. The *Nosographie* organizes diseases not in the form of a network or graph but regroups them in hierarchically ordered abstract classes of ever greater degrees of generality. A particular ailment constitutes a species, this species of disease along with other related diseases is included in a genus, the genus is included in an order and finally the order in a class. A patient may be afflicted by many different species of diseases simultaneously or he may be victim of a complex species which result from the union of two different simple species. But in either case she does not move up or down the classificatory hierarchy. The *Nosographie* propounds a table of classification, a static representation of maladies, not a historical network or an oriented graph, not the dynamic progression of ailments. Visually it can be represented like this:

Degree of generality: ++.....--

Class	Order	Genus	Species
Neuroses	Insanity	Hypochondriarsis	1) Simple hypochondriarsis 2) Hypochondriarsis with organic lesion
		Melancholia	1) Delirium on a single object 2) Melancholia leading to suicide
		Mania	1) Mania without delirium 2) Mania with delirium 3) Dementia 4) Idiocy
		Sleepwalking	1) Sleepwalking
		Hydrophobia	1) Spontaneous hydrophobia 2) Contagious hydrophobia